



Canji Youth Leadership Academy (CYLA) Registration Form

INDIVIDUAL CONTACT INFORMATION AND INTEREST

Title		Select an option	If other, explain
Company/Name	Address:	<input type="checkbox"/> Volunteering <input type="checkbox"/> Youth Organization <input type="checkbox"/> Manager Trainee <input type="checkbox"/> Partnership <input type="checkbox"/> Training <input type="checkbox"/> Support Group <input type="checkbox"/> Event Coordinator <input type="checkbox"/> Internship <input type="checkbox"/> Mentorship <input type="checkbox"/> Other	
Phone	Fax		
E-mail			
How did you hear about us?	Comment:		

PERSONAL INFORMATION

List your skills	List three forms of ID and provide #	List three work related experiences	How can you help the organization grow?
	1.	1.	
	2.	2.	
	3.	3.	
		If none explain:	

REFERENCES

Company/ person's name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Other
Company/ person's name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Other
Company/person's name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Other

AGREEMENT

1. All information are correct and up to date.
2. All applications will be kept for six months if applicant not successful.
3. By submitting this application, you authorize Canji Internationalto make inquiries into the information provided and reference check with references that you have supplied.

SIGNATURES

Signature	Date
Name and Title	Witness